

FILED NOV 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37767

State File No.

Registration District No. 814

Primary Registration District No. 4457

Registrar's No. 60

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Lourey City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yrs (Specify whether years, months or days)
In this community 16 yrs

3. (a) PRINT FULL NAME

Louise Bell Babcock

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex ♀ 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7-16-1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 14 If less than one day — hr. — min.

9. Birthplace Clinton Co. Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business —

12. Name George C. Hoey

13. Birthplace Va
(City, town, or county) (State or foreign country)

14. Maiden name Anna Troubridge

15. Birthplace W Va
(City, town, or county) (State or foreign country)

16. (a) Informant Beetha Davis

(b) Address Lourey City Mo

17. (a) — (b) Date thereof 10-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo

19. (a) 10-10-48 (b) —
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair
(c) City or town Lourey City
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 1948 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1948, to Sept 30, 1948
that I last saw him alive on 9-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death umbilical hernia - yrs

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations 122

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature C. S. Stratton (M. D. or other) —

Address Lourey City Mo Date signed 10-3-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 10-48-1354

Date Filed 11-24-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Fred Weiskopf

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.